

The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 expanded the number of preventive services and screenings covered by Medicare. Effective January 1, 2005, **all newly enrolled Medicare beneficiaries are covered for an Initial Preventive Physical Examination (IPPE)**. All beneficiaries are also covered for cardiovascular screening blood tests, and those at risk are covered for diabetes screening tests.

The benefits described in this brochure are part of a comprehensive set of preventive services and screenings covered by Medicare. This brochure provides a basic overview of Medicare's three new services, as well as other covered diabetes benefits.

NEW – THE INITIAL PREVENTIVE PHYSICAL EXAMINATION (IPPE)

The IPPE, also known as the “Welcome to Medicare” physical exam, can be used to screen Medicare beneficiaries for a variety of diseases. If caught early, these diseases can be treated and managed and can result in fewer serious illnesses and health consequences. The goals of the IPPE are health promotion and disease detection.

The IPPE visit consists of the following seven elements:

- A review of medical and social history with attention to modifiable risk factors for disease detection
- A review of potential (risk factors) for depression
- A review of functional ability and level of safety
- Height, weight, and blood pressure measurements and visual acuity screen
- Performance and interpretation of an electrocardiogram (EKG)
- Education, counseling, and referral based on the results of the review and evaluation services described in the previous five elements
- Education, counseling, and referral (including a brief written plan such as a checklist for obtaining the appropriate screening and other preventive services that are covered as Medicare Part B benefits)

Medicare Coverage of the IPPE Visit

Medicare provides coverage of the IPPE visit for all newly enrolled beneficiaries with Medicare Part B coverage with an effective date on or after January 1, 2005.

- The IPPE is a one-time benefit that must be completed within the first six months after the effective date of the beneficiary's first Medicare Part B coverage.

- The IPPE must be performed by either a doctor of medicine or osteopathy or by a qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist).

Reimbursement is provided under the Medicare Physician Fee Schedule (MPFS). Coverage of the IPPE visit is provided as a Medicare Part B benefit. The coinsurance or copayment applies after the yearly Medicare Part B deductible has been met. No deductible applies for an IPPE provided in a Federally Qualified Health Center (FQHC).

Preparing Beneficiaries for the IPPE Visit

You can help beneficiaries get ready for the IPPE visit by suggesting they come prepared with the following information:

- Medical records, including immunization records
- Family health history, in as much detail as possible
- A full list of medications and supplements including calcium and vitamins — how often and how much of each is taken

NEW – CARDIOVASCULAR SCREENING BLOOD TESTS

Effective with services performed on or after January 1, 2005, Medicare provides coverage of cardiovascular screening blood tests for the early detection of cardiovascular disease or abnormalities associated with an elevated risk of heart disease and stroke.

The covered screening tests are:

- Total Cholesterol Test
- Cholesterol Test for High-Density Lipoproteins
- Triglycerides Test

NOTE: The beneficiary must fast for 12 hours prior to testing. Other cardiovascular screening blood tests remain non-covered.

Medicare Coverage of Cardiovascular Screening Blood Tests

Medicare provides coverage of cardiovascular screening blood tests for all asymptomatic beneficiaries every 5 years (i.e., at least 59 months after the last covered screening tests).

Medicare Part B covers cardiovascular screening blood tests when ordered by a physician or qualified non-physician practitioner who is treating a beneficiary without apparent signs or symptoms for the purpose of early detection of cardiovascular disease.

Reimbursement is provided under the Medicare Clinical Laboratory Fee Schedule. Coverage of cardiovascular screening blood tests is provided as a Medicare Part B benefit. The beneficiary will pay nothing for the blood tests

(there is no coinsurance or copayment and no deductible for this benefit).

NEW – DIABETES SCREENING TESTS

Effective with services performed on or after January 1, 2005, Medicare provides coverage of diabetes screening tests for beneficiaries at risk for diabetes or diagnosed with pre-diabetes (a condition of abnormal glucose metabolism and includes impaired fasting glucose and impaired glucose tolerance).

The covered screening tests are:

- Fasting blood glucose test
- Post-glucose challenges tests; not limited to
 - o An oral glucose tolerance test with a glucose challenge of 75 grams for non-pregnant adults, or
 - o A 2-hour post-glucose challenge test alone

NOTE: Beneficiaries who have already been diagnosed with diabetes are not eligible for the screening benefit.

Medicare Coverage of Diabetes Screening Tests

Medicare will cover a maximum of two screening tests within a 12-month period (but not less than 6 months apart) for beneficiaries diagnosed with pre-diabetes.

Medicare will cover one screening test within a 12-month period (i.e., at least 11 months have passed following the month in which the last Medicare-covered diabetes screening test was performed) for non-diabetic beneficiaries and beneficiaries not previously diagnosed with pre-diabetes.

Coverage for diabetes screening tests is provided as a Medicare Part B benefit after a referral from a physician or qualified non-physician practitioner for an individual at risk for diabetes.

Reimbursement of diabetes screening tests is provided under the Medicare Clinical Laboratory Fee Schedule. The beneficiary will pay nothing for the diabetes screening tests (there is no coinsurance or copayment and no deductible for this benefit).

Diabetes Supplies, Self-Management Training Services, and Other Services

In addition to the diabetes screening tests, Medicare also provides coverage for the following diabetes supplies and services.

Diabetes Supplies

Medicare provides limited coverage for these diabetes supplies:

- Blood glucose self-testing equipment and supplies
- Therapeutic Shoes
 - o One pair of depth-inlay shoes and three pairs of inserts, or

- o One pair of custom-molded shoes (including inserts), if the beneficiary cannot wear depth-inlay shoes because of a foot deformity, and two additional pairs of inserts within the calendar year
- Insulin pumps and the insulin used in the pumps

Coverage for diabetes-related Durable Medical Equipment (DME) is provided as a Medicare Part B benefit. The coinsurance or copayment applies after the yearly Medicare Part B deductible has been met.

Diabetes Self-Management Training (DSMT) Services

Medicare provides coverage of DSMT services for beneficiaries who have recently been diagnosed with diabetes, determined to be at risk for complications from diabetes, or were previously diagnosed with diabetes before meeting Medicare eligibility requirements and have since become eligible for coverage under the Medicare Program. DSMT services are intended to educate beneficiaries in the successful self-management of diabetes.

Medicare provides coverage of DSMT services only if the physician managing the beneficiary's diabetic condition certifies that such services are needed under a comprehensive plan of care.

Coverage for DSMT services is provided as a Medicare Part B benefit. The coinsurance or copayment applies after the yearly Medicare Part B deductible has been met.

Medical Nutrition Therapy (MNT)

Medicare covers MNT for beneficiaries diagnosed with diabetes or a renal disease. Coverage of MNT services is based on a required physician referral. These services must be provided by a qualified dietitian, licensed registered dietitian, a licensed nutritionist that meets the registered dietitian requirement, or a "grandfathered" nutritionist that was licensed as of December 12, 2000.

Coverage for diabetes-related MNT is provided as a Medicare Part B benefit. The coinsurance or copayment applies after the yearly Medicare Part B deductible has been met.

Other Diabetes Services

In addition to DSMT and MNT services, Medicare provides coverage of the following diabetes services:

- Foot Care
- Hemoglobin A1c tests
- Glaucoma Screening
- Influenza and Pneumococcal Polysaccharide Vaccinations

- Routine costs, including immunosuppressive drugs, cell transplantation, and related items and services for pancreatic islet cell transplant clinical trials

FOR MORE INFORMATION

The Centers for Medicare & Medicaid Services (CMS) has developed a variety of educational resources as part of a broad outreach campaign to promote awareness and increase utilization of these preventive benefits.

You can learn more about coverage, billing, coding, and reimbursement of Medicare's preventive services and screenings at www.cms.hhs.gov/medlearn/preventiveservices.asp on the CMS website, or you may obtain a copy of *The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals* from the Medicare Learning Network.

MEDICARE LEARNING NETWORK (MLN)

The Medicare Learning Network (MLN) is the brand name for official CMS educational products and information for Medicare providers. For additional information visit the Medicare Learning Network's Medlearn web page at www.cms.hhs.gov/medlearn on the CMS website.

FOR BENEFICIARY-RELATED INFORMATION

The official U.S. Government website for people with Medicare is located on the web at www.medicare.gov, or more information can be obtained by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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For Physicians, Providers, Suppliers, and Other Health Care Professionals

Expanded Benefits

